



(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1.	Bonds	337,790		337,790	
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....3,083,029), cash equivalents (\$.....0) and short-term investments (\$.....14,003,229)	17,086,258		17,086,258	8,623,551
6.	Contract loans (including \$.....0 premium notes)				
7.	Other invested assets				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	17,424,048		17,424,048	8,623,551
11.	Title plants less \$.....0 charged off (for Title insurers only)				
12.	Investment income due and accrued	38		38	18,173
13.	Premiums and considerations:				
13.1	Uncollected premiums and agents' balances in the course of collection	473,506		473,506	3,551,683
13.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
13.3	Accrued retrospective premiums				
14.	Reinsurance:				
14.1	Amounts recoverable from reinsurers	13,074		13,074	28,845
14.2	Funds held by or deposited with reinsured companies				
14.3	Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon	2,554,433		2,554,433	1,650,202
16.2	Net deferred tax asset	682,261	344,903	337,358	337,358
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets (\$.....0)				
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates	310,913		310,913	
22.	Health care (\$.....7,992) and other amounts receivable	18,763	10,771	7,992	6,729
23.	Aggregate write-ins for other than invested assets	424,000		424,000	424,000
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	21,901,036	355,674	21,545,362	14,640,541
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	21,901,036	355,674	21,545,362	14,640,541
DETAILS OF WRITE-INS					
0901.	.....			
0902.	.....			
0903.	.....			
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.	State Income Tax Receivable	424,000		424,000	424,000
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	424,000		424,000	424,000

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....258,059 reinsurance ceded)	12,387,557		12,387,557	11,668,908
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	282,488		282,488	473,215
4.	Aggregate health policy reserves	425,000		425,000	1,700,000
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	70,645		70,645	73,105
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	465,485		465,485	848,875
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including \$.....0 current)				
22.	Total liabilities (Lines 1 to 21)	13,631,175		13,631,175	14,764,103
23.	Aggregate write-ins for special surplus funds	X X X	X X X		
24.	Common capital stock	X X X	X X X	1,000	1,000
25.	Preferred capital stock	X X X	X X X		
26.	Gross paid in and contributed surplus	X X X	X X X	14,499,000	4,499,000
27.	Surplus notes	X X X	X X X		
28.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
29.	Unassigned funds (surplus)	X X X	X X X	(6,585,813)	(4,623,562)
30.	Less treasury stock, at cost:				
30.1	.....0 shares common (value included in Line 24 \$.....0)	X X X	X X X		
30.2	.....0 shares preferred (value included in Line 25 \$.....0)	X X X	X X X		
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)	X X X	X X X	7,914,187	(123,562)
32.	Total Liabilities, capital and surplus (Lines 22 and 31)	X X X	X X X	21,545,362	14,640,541
DETAILS OF WRITE-INS					
2101.	.....			
2102.	.....			
2103.	.....			
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)				
2301.	.....	X X X	X X X		
2302.	.....	X X X	X X X		
2303.	.....	X X X	X X X		
2398.	Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X		
2801.	.....	X X X	X X X		
2802.	.....	X X X	X X X		
2803.	.....	X X X	X X X		
2898.	Summary of remaining write-ins for Line 28 from overflow page	X X X	X X X		
2899.	TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	83,270		165,783
2.	Net premium income (including \$.....0 non-health premium income)	X X X	16,321,208		32,571,324
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X			
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	16,321,208		32,571,324
Hospital and Medical:					
9.	Hospital/medical benefits		11,619,398		25,021,957
10.	Other professional services		1,967,260		3,504,843
11.	Outside referrals				
12.	Emergency room and out-of-area		1,637,792		2,608,805
13.	Prescription drugs		473,786		1,610,577
14.	Aggregate write-ins for other hospital and medical		3,001,571		106,790
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		18,699,807		32,852,972
Less:					
17.	Net reinsurance recoveries		115,476		190,307
18.	Total hospital and medical (Lines 16 minus 17)		18,584,331		32,662,665
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....268,268 cost containment expenses		216,109		1,286,432
21.	General administrative expenses		1,829,717		3,683,659
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(1,275,000)		1,700,000
23.	Total underwriting deductions (Lines 18 through 22)		19,355,157		39,332,756
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(3,033,949)		(6,761,432)
25.	Net investment income earned		16,145	15,470	133,487
26.	Net realized capital gains (losses) less capital gains tax of \$.....0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		16,145	15,470	133,487
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(3,017,804)	15,470	(6,627,945)
31.	Federal and foreign income taxes incurred	X X X	(1,056,231)		(1,650,202)
32.	Net income (loss) (Lines 30 minus 31)	X X X	(1,961,573)	15,470	(4,977,743)
DETAILS OF WRITE-INS					
0601.	.....	X X X			
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	Miscellaneous Medical Expenses		(3,644)		106,790
1402.	Prior Period IBNR Adjustment		3,005,215		
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		3,001,571		106,790
2901.	.....			
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	(123,562)		1,526,916
34.	Net income or (loss) from Line 32	(1,961,573)	15,470	(4,977,743)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			682,261
39.	Change in nonadmitted assets	(678)		(354,996)
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in	10,000,000		3,000,000
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	8,037,749	15,470	(1,650,478)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	7,914,187	15,470	(123,562)
DETAILS OF WRITE-INS				
4701.	.....		
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations			
1.	Premiums collected net of reinsurance	18,124,385	30,719,641
2.	Net investment income	34,826	125,990
3.	Miscellaneous income		
4.	Total (Lines 1 to 3)	18,159,211	30,845,631
5.	Benefit and loss related payments	16,576,852	22,739,424
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	2,470,403	3,998,896
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	19,047,255	26,738,320
11.	Net cash from operations (Line 4 minus Line 10)	(888,044)	4,107,311
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		300,000
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		
12.8	Total investment proceeds (Lines 12.1 to 12.7)		300,000
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	338,336	
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	Total investments acquired (Lines 13.1 to 13.6)	338,336	
14.	Net increase (or decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(338,336)	300,000
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock	10,000,000	3,000,000
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	(310,913)	
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	9,689,087	3,000,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	8,462,707	7,407,311
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	8,623,551	1,216,240
19.2	End of period (Line 18 plus Line 19.1)	17,086,258	8,623,551

Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

Description		Amount 1	Amount 2
20.0001		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	27,430		14,521						12,909	
2. First Quarter	26,609		14,074						12,535	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	83,270		45,189						38,081	
Total Member Ambulatory Encounters for Period:										
7. Physician	46,550		28,940						17,610	
8. Non-Physician	8,102		4,868						3,234	
9. Total	54,652		33,808						20,844	
10. Hospital Patient Days Incurred	3,426		1,908						1,518	
11. Number of Inpatient Admissions	636		328						308	
12. Health Premiums Written (a)	16,399,878		9,026,511						7,373,367	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	16,399,878		9,026,511						7,373,367	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	17,884,561		9,935,279						7,949,282	
18. Amount Incurred for Provision of Health Care Services	18,699,807		10,290,811						8,408,996	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Rx Solutions	87,446					87,446
0199999 Individually Listed Claims Unpaid	87,446					87,446
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	4,385,424		16,047			4,401,471
0499999 Subtotals	4,472,870		16,047			4,488,917
0599999 Unreported claims and other claim reserves						8,156,699
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						12,645,616
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	4,633,488	5,283,011	4,202,209	3,238,756	8,835,697	7,074,338
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	4,665,561	3,291,614	1,172,865	3,773,727	5,838,426	4,594,570
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	9,299,049	8,574,625	5,375,074	7,012,483	14,674,123	11,668,908
10.	Healthcare receivables (a)		7,992				
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals	9,299,049	8,566,633	5,375,074	7,012,483	14,674,123	11,668,908

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

Unison Health Plan of the Capital Area, Inc., (the Company) has noted no significant changes since prior year-end for Notes 1. B. through 17. B., 18 through 23, 25 through 28, and 30 for the quarter ended March 31, 2009.

1. Summary of Significant Accounting Policies:

- A. The accompanying statement has been prepared in conformity with the NAIC *Accounting Practices and Procedures Manual* except to the extent that state law differs or where NAIC statutory accounting practices and procedures do not address the accounting for the transaction. There are no state prescribed differences that are applicable to Unison Health Plan of the Capital Area, Inc. (the Company).

17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities:

- C. The Company has no wash sales.

24. Changes in Incurred Claims and Claims Adjustment Expense:

- A. The Company records a liability for claims, which are expected to be paid after the end of the reporting period, for services provided to members during the period. These accruals are continually monitored and reviewed. As settlements are made or accruals adjusted, differences are reflected in current operations. At March 31, 2009, the liability for incurred but not reported claims was adjusted for amounts remaining related to prior year claims in addition to estimated remaining liabilities for those years. The adjustment recorded at March 31, 2009 for additional amounts remaining related to dates of service in 2008 is \$3,005,215. This addition is reflected in current operations in the Statement of Revenue and Expenses, Line 1402 – Prior Period IBNR Adjustment.

29. Premium Deficiency Reserves:

- A. As of March 31, 2009, the Company had liabilities of \$425,000 related to premium deficiency reserves. The Company did not consider anticipated investment income when calculating its premium deficiency reserves.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes[] No[X] N/A[]
- If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

07/26/2007
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

08/31/2007
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

02/10/2008
- 6.4 By what department or departments?

District of Columbia Department of Insurance, Securities, and Banking
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[] No[] N/A[X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ 0
13. Amount of real estate and mortgages held in short-term investments:

\$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]
- If no, attach a description with this statement.
16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[] No[X]
- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
.....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	There are no securities that require a custody agreement at 3/31/2009.

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes[] No[X]
- 16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]
- 17.2 If no, list exceptions:

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
			<div>NONE</div>			

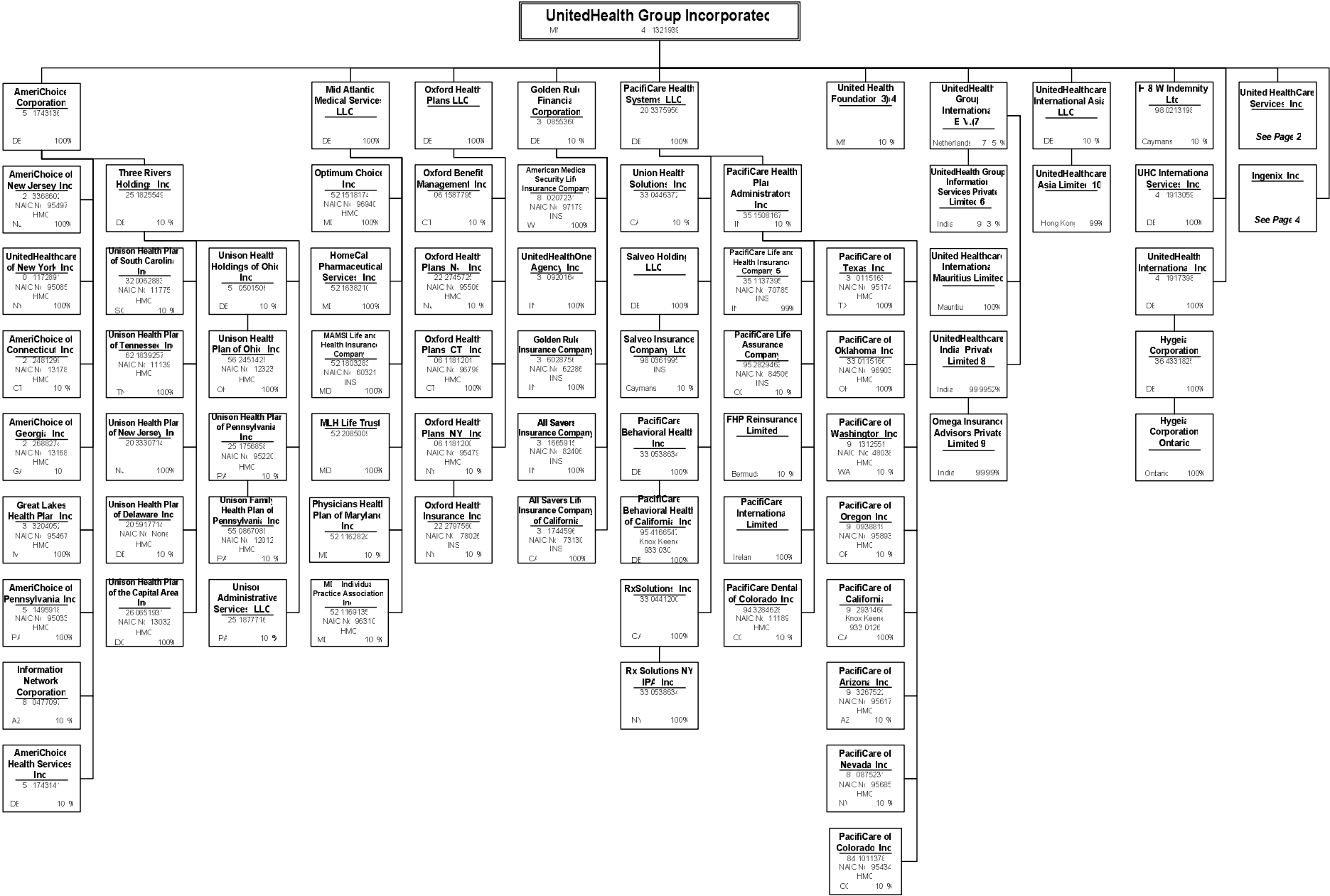
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N ..								
2.	Alaska (AK)	N ..								
3.	Arizona (AZ)	N ..								
4.	Arkansas (AR)	N ..								
5.	California (CA)	N ..								
6.	Colorado (CO)	N ..								
7.	Connecticut (CT)	N ..								
8.	Delaware (DE)	N ..								
9.	District of Columbia (DC)	L ..	9,026,511		7,373,367				16,399,878	
10.	Florida (FL)	N ..								
11.	Georgia (GA)	N ..								
12.	Hawaii (HI)	N ..								
13.	Idaho (ID)	N ..								
14.	Illinois (IL)	N ..								
15.	Indiana (IN)	N ..								
16.	Iowa (IA)	N ..								
17.	Kansas (KS)	N ..								
18.	Kentucky (KY)	N ..								
19.	Louisiana (LA)	N ..								
20.	Maine (ME)	N ..								
21.	Maryland (MD)	N ..								
22.	Massachusetts (MA)	N ..								
23.	Michigan (MI)	N ..								
24.	Minnesota (MN)	N ..								
25.	Mississippi (MS)	N ..								
26.	Missouri (MO)	N ..								
27.	Montana (MT)	N ..								
28.	Nebraska (NE)	N ..								
29.	Nevada (NV)	N ..								
30.	New Hampshire (NH)	N ..								
31.	New Jersey (NJ)	N ..								
32.	New Mexico (NM)	N ..								
33.	New York (NY)	N ..								
34.	North Carolina (NC)	N ..								
35.	North Dakota (ND)	N ..								
36.	Ohio (OH)	N ..								
37.	Oklahoma (OK)	N ..								
38.	Oregon (OR)	N ..								
39.	Pennsylvania (PA)	N ..								
40.	Rhode Island (RI)	N ..								
41.	South Carolina (SC)	N ..								
42.	South Dakota (SD)	N ..								
43.	Tennessee (TN)	N ..								
44.	Texas (TX)	N ..								
45.	Utah (UT)	N ..								
46.	Vermont (VT)	N ..								
47.	Virginia (VA)	N ..								
48.	Washington (WA)	N ..								
49.	West Virginia (WV)	N ..								
50.	Wisconsin (WI)	N ..								
51.	Wyoming (WY)	N ..								
52.	American Samoa (AS)	N ..								
53.	Guam (GU)	N ..								
54.	Puerto Rico (PR)	N ..								
55.	U.S. Virgin Islands (VI)	N ..								
56.	Northern Mariana Islands (MP)	N ..								
57.	Canada (CN)	N ..								
58.	Aggregate other alien (OT)	X X X ..								
59.	Subtotal	X X X ..	9,026,511		7,373,367				16,399,878	
60.	Reporting entity contributions for Employee Benefit Plans	X X X ..								
61.	Total (Direct Business)	(a)..... 1	9,026,511		7,373,367				16,399,878	
DETAILS OF WRITE-INS										
5801.	.....	X X X ..								
5802.	.....	X X X ..								
5803.	.....	X X X ..								
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X ..								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X ..								

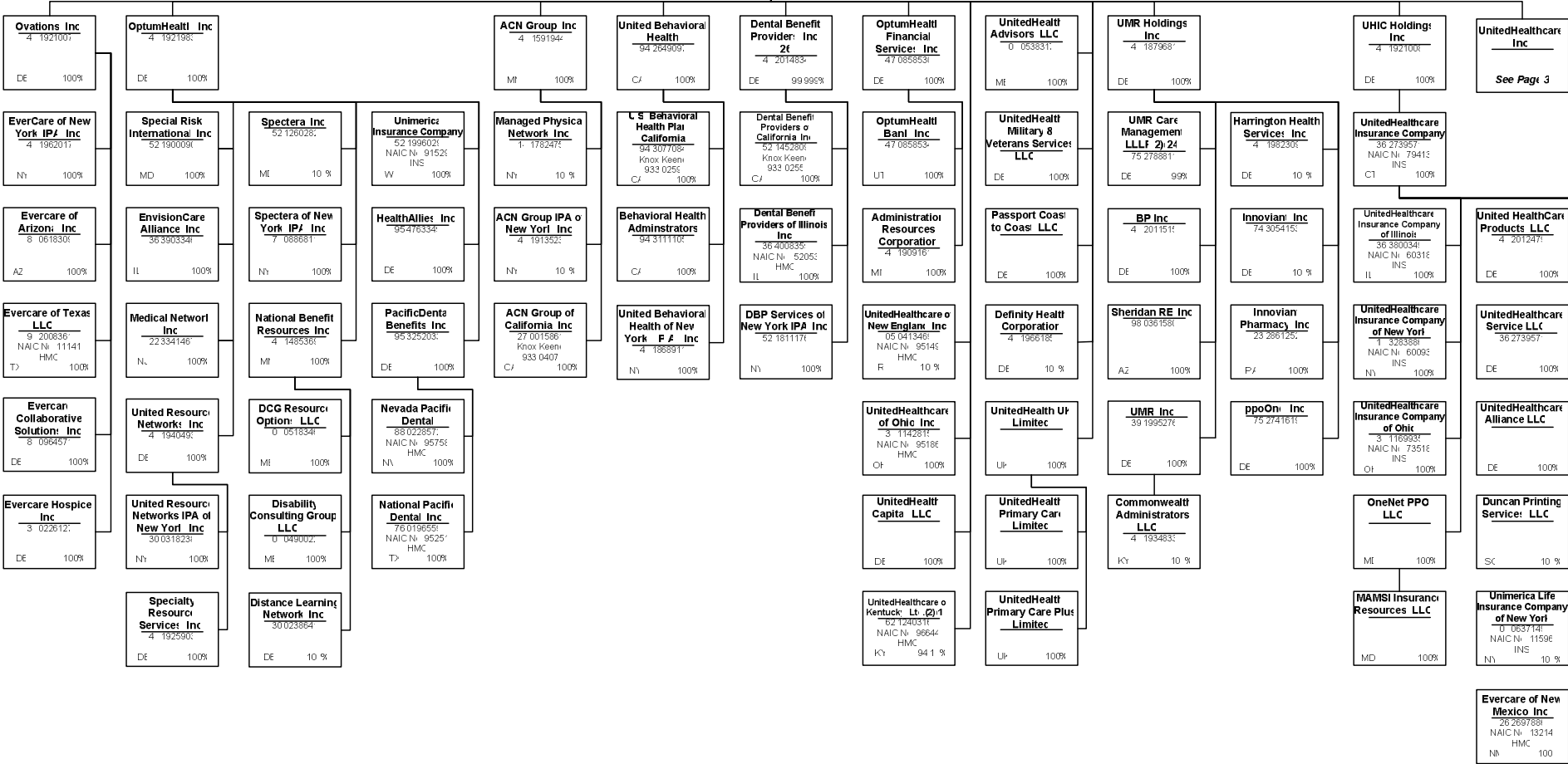
(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

UnitedHealthCare Services, Inc.
MI 4 1289245 100%



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

UnitedHealthcare Inc
DE 4 1922511 100%

UnitedHealthcare
of Alabama Inc
6 0999582
NAIC No 95784
HMC
AL 100%

UnitedHealthcare
of Illinois Inc
3 3280214
NAIC No 95776
HMC
IL 100%

United HealthCare
of Georgia Inc
5 165354
NAIC No 95850
HMC
GA 100%

UnitedHealthcare
Services Company of
the River Valley Inc
3 335511
DE 100%

Arnett Health
Plans Inc
3 181203
IN 100%

Midwest Security
Care Inc
3 162402
WI 100%

Neighborhood
Health Partnership
Inc
6 0996107
NAIC No 95123
HMC
FL 100%

Sierra Health
Services Inc
8 0200415
NV 100%

UnitedHealthcare
of Arizona Inc
8 0507074
NAIC No 96016
HMC
AZ 100%

United HealthCare
of Louisiana Inc
7 107400
NAIC No 95833
HMC
LA 100%

UnitedHealthcare of
North Carolina Inc
5 146101
NAIC No 95103
HMC
NC 100%

UnitedHealthcare Plan
of the River Valley
Inc
3 337994
NAIC No 95378
HMC
IL 100%

Arnett HMC Inc
3 173658
NAIC No 95440
HMC
IN 100%

Midwest Security Life
Insurance Company
3 127930
NAIC No 79480
INS
WI 100%

ProcessWorks
Inc
3 157990
WI 100%

Sierra Health and Life
Insurance Company
Inc
9 0734860
NAIC No 71420
INS
CA 100%

Family Home
Hospital Inc
8 0257036
NV 100%

Northern Nevada
Health Network
Inc
8 024512
NV 100%

Arizona
Physicians IPA
Inc
8 0813232
AZ 100%

UnitedHealthcare of
the Midlands Inc
4 0876824
NAIC No 9559
HMC
NE 100%

UnitedHealthcare
of Tennessee Inc
6 103681
NAIC No 11147
HMC
TN 100%

UnitedHealthcare
Insurance Company
of the River Valley
2 190276
NAIC No 1223
INS
IL 100%

Arnett Practice
Association
LLC
IN 100%

IBA Health and Life
Assurance
Company
3 2346432
NAIC No 81450
INS
M 100%

Health Plan of
Nevada Inc
8 0201035
NAIC No 96342
HMC
NV 100%

Prime Health Inc
8 0253112
NV 100%

CII Financial Inc
9 4188244
CA 100%

UnitedHealthcare
of Arkansas Inc
6 103681
NAIC No 95446
HMC
AR 100%

UnitedHealthcare of
the Mid Atlantic Inc
5 113018
NAIC No 95025
HMC
MD 100%

UnitedHealthcare
of Texas Inc
9 393969
NAIC No 95765
HMC
TX 100%

UnitedHealthcare
Insurance Company
of the River Valley
2 190276
NAIC No 1223
INS
IL 100%

Arnett Practice
Association
LLC
IN 100%

Southwest
Michigan Health
Network Inc
3 2609888
M 100%

Health Plan of
Nevada Inc Lab
Services
8 020103
NAIC No 11552
NV 100%

Sierra Home
Medical Products
Inc
8 0385705
NV 100%

Family Health
Care Services
8 0223385
NV 100%

UnitedHealthcare
of Colorado Inc
8 100463
NAIC No 95090
HMC
CO 100%

UnitedHealthcare of
the Midwest Inc
4 136184
NAIC No 96385
HMC
MI 100%

United HealthCare
of Utah
4 148856
NAIC No 9550
HMC
UT 100%

UnitedHealthcare
Insurance Company
of the River Valley
2 190276
NAIC No 1223
INS
IL 100%

Arnett Practice
Association
LLC
IN 100%

Health Plan of
Nevada Inc Mental Health
8 020103
NAIC No 1155
NV 100

Sierra Health Care
Options Inc
8 025432
NV 100%

Texas Health
Choice L C
7 0439755
TX 100%

Southwest
Medical
Associates Inc
8 0201420
NV 100%

UnitedHealthcare
of Florida Inc
5 129386
NAIC No 95264
HMC
FL 100%

United HealthCare
of Mississippi Inc
6 103681
NAIC No 95716
HMC
MS 100%

UnitedHealthcare
of Wisconsin Inc
3 155588
NAIC No 95710
HMC
WA 100%

UnitedHealthcare
Insurance Company
of the River Valley
2 190276
NAIC No 1223
INS
IL 100%

Arnett Practice
Association
LLC
IN 100%

Health Plan of
Nevada Inc Mental Health
8 020103
NAIC No 1155
NV 100

Sierra Nevada
Administrators
Inc
8 026456
NV 100%

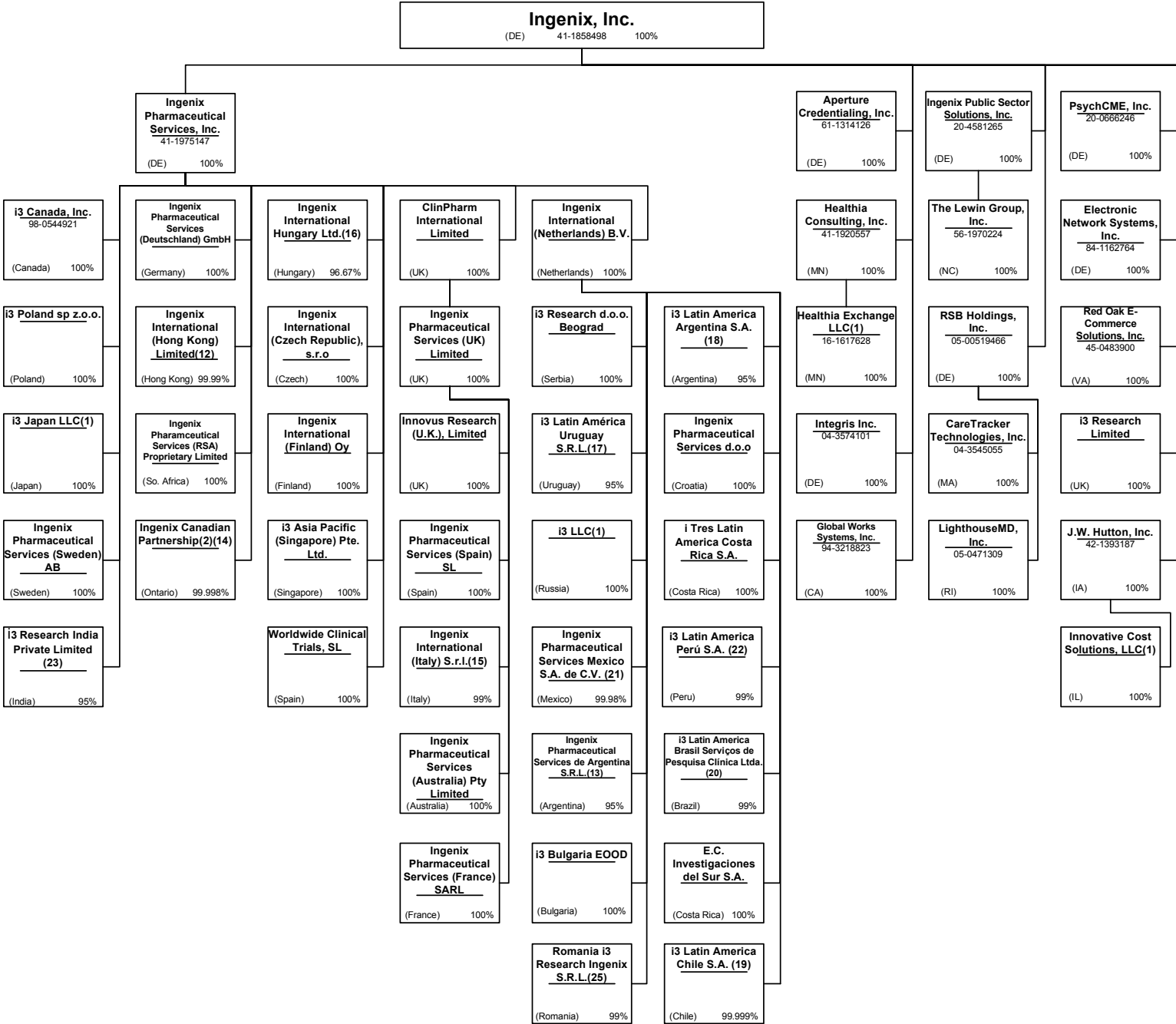
Sierra Military
Health Services
LLC
DE 100%

Mohave Valley
Hospital Inc
8 0693199
AZ 100%

Behaviora
Healthcare
Options Inc
8 026785
NV 100%

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Q14.3



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

Entity is a Limited Liability Company.

Entity is a Partnership.

Entity is a Non-Profit Corporation.

Control of the Foundation is based on sole membership, not the ownership of voting securities.

PacificCare Life and Health Insurance Company is 99% owned by PacificCare Health Plan Administrator, Inc., and 1% owned by PacificCare Health Systems, LLC.

UnitedHealth Group Information Services Private Limited is 99.37% owned by UnitedHealth Group International, E.V. The remaining 0.63% is owned by UnitedHealth International, Inc.

UnitedHealth Group International, E.V., is 70.56% owned by UnitedHealth Group Incorporated and 29.44% owned by United HealthCare Services, Inc.

United Healthcare India Private Limited is 99.9951% owned by UnitedHealth Group International, E.V., and 0.0049% owned by UnitedHealth International, Inc.

Omega Insurance Advisors Private Limited is 99.99% owned by United Healthcare India Private Limited and 0.01% owned by an individual shareholder.

UnitedHealthcare Asia Limited is 99% owned by UnitedHealthcare International Asia, LLC, and 1% owned by UnitedHealth International, Inc.

General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc., also holds 101% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc., owns 94.18% and UnitedHealthcare, Inc., owns 5.82%.

Ingenix International (Hong Kong) Limited is 99.99% owned by Ingenix Pharmaceutical Services, Inc., and 0.01% owned by Ingenix, Inc.

Ingenix Pharmaceutical Services de Argentina S.F.L. is 95% owned by Ingenix International (Netherlands), E.V., and 5% owned by Ingenix, Inc.

Ingenix Canada Partnership is 99.998% owned by Ingenix Pharmaceutical Services, Inc., and 0.002% owned by Ingenix, Inc.

Ingenix International (Italy), S.p.A., is 99% owned by Ingenix Pharmaceutical Services (UK) Limited and 1% owned by Ingenix Pharmaceutical Services, Inc.

Ingenix International Hungary Ltd. is 96.67% owned by Ingenix Pharmaceutical Services, Inc., and 3.33% owned by Ingenix, Inc.

Ingenix Latin America Uruguay S.F.L. is 95% owned by Ingenix International (Netherlands), E.V., and 5% owned by Ingenix Pharmaceutical Services, Inc.

Ingenix Latin America Argentina S.A. is 95% owned by Ingenix International (Netherlands), E.V., and 5% owned by Ingenix Pharmaceutical Services, Inc.

Ingenix Latin America Chile S.A. is 99.9991% owned by Ingenix International (Netherlands), E.V., and 0.0009% owned by Ingenix Pharmaceutical Services, Inc.

Ingenix Latin America Brasil Serviços de Pesquisa Clínica Ltda. is 99% owned by Ingenix International (Netherlands), E.V., and 1% owned by Ingenix Pharmaceutical Services, Inc.

Ingenix Pharmaceutical Services Mexico S. de C.V. is 99.98% owned by Ingenix International (Netherlands), E.V., and 0.02% owned by E.C. Investigaciones del Sur S.A. The remaining 0.02% is owned by Ingenix Latin America Argentina S.A.

Ingenix Latin America Perú S.A. is 99% owned by Ingenix International (Netherlands), E.V., and 1% owned by Ingenix Latin America Argentina S.A.

Ingenix Research India Private Limited is 95% owned by Ingenix Pharmaceutical Services, Inc., and 5% owned by Ingenix, Inc.

Limited partnership interest is held by UMR Holdings, Inc. (99%). General partnership interest is held by UMR, Inc. (1%).

Romania Ingenix Research S.F.L. is 99% owned by Ingenix International (Netherlands), E.V., and 1% owned by Ingenix Pharmaceutical Services (UK) Limited.

Dental Benefit Providers, Inc., is 99.999% owned by United HealthCare Services, Inc., and 0.001% owned by PacificDental Benefits, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **March 31, 2009** OF THE **Unison Health Plan of the Capital Area, Inc.**

SCHEDULE A - VERIFICATION

Real Estate		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest paid		
9.	Total foreign exchange change in book value/recorded investment		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

Description		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year		300,790
2.	Cost of bonds and stocks acquired	338,336	
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		300,000
7.	Deduct amortization of premium	546	790
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	337,790	
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	337,790	

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	11,085,484	53,079,630	49,793,104	(992)	14,371,018			11,085,484
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	11,085,484	53,079,630	49,793,104	(992)	14,371,018			11,085,484
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	11,085,484	53,079,630	49,793,104	(992)	14,371,018			11,085,484

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999. Totals	14,003,229	X X X	14,003,229	12,580	

SCHEDULE DA - Verification

Short-Term Investments

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	11,055,484	1,216,240
2.	Cost of short-term investments acquired	52,741,294	30,048,618
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	49,793,104	20,208,620
7.	Deduct amortization of premium	445	754
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized ...		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	14,003,229	11,055,484
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	14,003,229	11,055,484

SI04 Schedule DB Part F Section 1 NONE

SI05 Schedule DB Part F Section 2 NONE

SI06 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828GM6	US Treasury Note		03/09/2009	Mellon Bank	X X X	338,336	310,000.00	6,170	1
0399999 Subtotal - Bonds - U.S. Governments					X X X	338,336	310,000.00	6,170	X X X
8399997 Subtotal - Bonds - Part 3					X X X	338,336	310,000.00	6,170	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	338,336	310,000.00	6,170	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	338,336	X X X	6,170	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E05 Schedule D Part 4 NONE

E06 Schedule DB Part A Section 1 NONE

E06 Schedule DB Part B Section 1 NONE

E07 Schedule DB Part C Section 1 NONE

E07 Schedule DB Part D Section 1 NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month			9
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
PNC Operating Account	Pittsburgh, PA						(2,480,203)	13,744,713	3,083,029	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X			(2,480,203)	13,744,713	3,083,029	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X			(2,480,203)	13,744,713	3,083,029	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X			(2,480,203)	13,744,713	3,083,029	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents



MEDICARE PART D COVERAGE SUPPLEMENT
Net of Reinsurance
For the Quarter Ended March 31, 2009

NAIC Group Code: 0707

NAIC Company Code: 13032

		Individual Coverage		Group Coverage		5 Total Cash
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1.	Premiums Collected .....	.....	X X X .....	.....	X X X .....	.....
2.	Earned Premiums .....	.....	X X X .....	.....	X X X	X X X
3.	Claims Paid .....	.....	X X X .....	.....	X X X .....	.....
4.	Claims Incurred .....	.....	X X X .....	.....	X X X	X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	X X X .....	.....	X X X .....	.....	.....
6.	Aggregate Policy Reserves - change .....	.....	X X X .....	.....	X X X	X X X
7.	Expenses Paid .....	.....	X X X .....	.....	X X X .....	.....
8.	Expenses Incurred .....	.....	X X X .....	.....	X X X	X X X
9.	Underwriting Gain or Loss .....	.....	X X X .....	.....	X X X	X X X
10.	Cash Flow Results	X X X	X X X	X X X	X X X .....	.....

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.0 due from CMS or \$.0 due to CMS

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